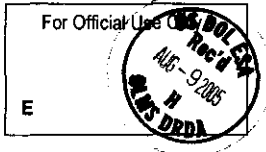


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>4861</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>DANA R IVEY</u> P.O. Box, Bldg., Room No., if any <u>Actor's Equity Ass.</u> Street <u>165 West 46th Street</u> City <u>New York</u> State <u>NY</u> ZIP Code + 4 <u>10036</u>	4. Name, file number, and address of labor organization. Name <u>Actor's Equity Association</u> Labor Organization File Number <u>006-029</u> P.O. Box, Building and Room Number, if any Street <u>165 West 46th St.</u> City <u>New York</u> State <u>NY</u> ZIP Code + 4 <u>10036</u>
5. Position in labor organization.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. <u>See accompanying statement</u> 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Dana Ivey On 8/3/05 212 580 3247  
Date Telephone Number

Name of Person Filing <u>Dana Ivey</u>	File Number U-
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<b>8. Name and address of Business (including trade name, if any).</b> Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	<b>9. Business deals with:</b> <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b> Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	<b>11.a. Nature of such dealing.</b> <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div>
	<b>11.b. Approximate dollar value of such dealing.</b> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>
	<b>12.a. Nature of interest held or income received.</b> <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div>
	<b>12.b. Amount.</b> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b> Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	<b>14.a. Nature of payment.</b> <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div>
<b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b>	<b>14.b. Amount of payment.</b> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>

DANA IVEY  
514 WEST END AVENUE #8C  
NEW YORK, NY 10024

August 3, 2005

As a Councilor of Actors' Equity Association, I am a Tony Voter for the annual Tony Awards. Tony Voter service requires me to attend all Broadway shows for which producers send me notification.

For the year January 1-December 31, 2004, I received two tickets to 24 shows (and accompanying promotional material). The producers who provided the tickets were obligated to do so by the American Theatre Wing, the non-profit organization that oversees the Tony Awards. Producers must provide tickets to all Tony voters (including many management representatives) in order to be nominated under Tony rules.

In addition to the Tony tickets, I was invited to the opening night of 4 Broadway shows through their respective publicity departments. Tickets, in this case, are compensation for my appearance at the event and for participating in photo opportunities.